
State:	Arkansas	Filing Company:	Pacific Life Insurance Company
TOI/Sub-TOI:	A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium		
Product Name:	Application		
Project Name/Number:	Application/25-1274		

Filing at a Glance

Company:	Pacific Life Insurance Company
Product Name:	Application
State:	Arkansas
TOI:	A03I Individual Annuities - Deferred Variable
Sub-TOI:	A03I.002 Flexible Premium
Filing Type:	Form
Date Submitted:	12/04/2012
SERFF Tr Num:	PACL-128795769
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	D-APPS 2/1/13
Implementation	02/01/2013
Date Requested:	
Author(s):	Maysy Novak, Brian Deleget, Craig Hopkins
Reviewer(s):	Linda Bird (primary)
Disposition Date:	12/10/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State: Arkansas
TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium
Product Name: Application
Project Name/Number: Application/25-1274

Filing Company: Pacific Life Insurance Company

General Information

Project Name: Application
Project Number: 25-1274
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Maysy Novak

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: We are not filing in Nebraska, our state of domicile as Nebraska is part of the IIPRC.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 12/10/2012
State Status Changed: 12/10/2012
Created By: Maysy Novak
Corresponding Filing Tracking Number:

Filing Description:

To the Individual Life Insurance Department of Arkansas.

We are submitting the following variable annuity applications for approval in your state:

Form Number(s) Form Description

25-1274 Variable Annuity Application
25-1275 Variable Annuity Application

We are submitting the individual annuity forms referenced above for the Department's review and approval to be issued on a general-use basis and effective on or after February 1, 2013.

When approved, the individual variable annuity application will not replace any existing approved applications.

The applications are designed to be used in a printed paper format.

Availability

The forms submitted will be used to apply for their respective individual annuity contracts list below, as well as any future variable annuity contracts that may be approved prospectively by the Department:

Application Form No. Submitted - For Use With Contract Form No. - Date Approved - State Tracking No. - SERFF Tracking No.
25-1274 - 10-1170 - 9/28/2009 - 43556 - PACL-126272908
25-1275 - 10-1212 - 8/29/2011 - 49603 - PACL-127345107

Statement of Variability

Bracketed matter (variable material) shown within each applicable section is subject to change. The accompanying Statement of Variability provides an explanation of the variable material that has been bracketed.

The forms submitted:

State: Arkansas
TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium
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- are exempt from flesch score readability requirements as it is a security subject to federal jurisdiction; and
- are in final print and subject only to minor modification in paper size, stock, ink, border, Company logo, adaptation to electronic media or computer printing and as otherwise specified in the accompanying Statement of Variability.

All required transmittals, checklists, certifications and/or filing fees, as applicable, are included in this submission.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

Should you have any questions or require additional information, please call toll-free 1-800-722-2333 Ext. 6907.

Sincerely,

Maysy Novak
Compliance Analyst
RSD - Product Compliance

Company and Contact

Filing Contact Information

Maysy Novak, Compliance Analyst
700 Newport Center Drive
Newport Beach, CA 92660
Maysy.Novak@PacificLife.com
949-219-6907 [Phone]
949-219-0579 [FAX]

Filing Company Information

Pacific Life Insurance Company
700 Newport Center Drive
Newport Beach, CA 92660-6397
(800) 722-2333 ext. [Phone]
CoCode: 67466
Group Code: 709
Group Name:
FEIN Number: 95-1079000
State of Domicile: Nebraska
Company Type: Annuities
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
Pacific Life Insurance Company	\$100.00	12/04/2012	65433286

State:	Arkansas	Filing Company:	Pacific Life Insurance Company
TOI/Sub-TOI:	A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium		
Product Name:	Application		
Project Name/Number:	Application/25-1274		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/10/2012	12/10/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Variable Annuity Application	Maysy Novak	12/10/2012	12/10/2012
Form	Variable Annuity Application	Maysy Novak	12/10/2012	12/10/2012

State:	Arkansas	Filing Company:	Pacific Life Insurance Company
TOI/Sub-TOI:	A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium		
Product Name:	Application		
Project Name/Number:	Application/25-1274		

Disposition

Disposition Date: 12/10/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Certification		Yes
Form (revised)	Variable Annuity Application		Yes
Form	Variable Annuity Application		Yes
Form (revised)	Variable Annuity Application		Yes
Form	Variable Annuity Application		Yes

State: Arkansas

Filing Company:

Pacific Life Insurance Company

TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium

Product Name: Application

Project Name/Number: Application/25-1274

Amendment Letter

Submitted Date: 12/10/2012

Comments:

updated

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Variable Annuity Application	25-1274	AEF	Initial		0.000	25-1274 Destinations 12-10-12.pdf	Date Submitted: 12/10/2012 By:
<i>Previous Version</i>								
1	Variable Annuity Application	25-1274	AEF	Initial		0.000	25-1274 Destinations.pdf	Date Submitted: 12/04/2012 By: Maysy Novak
2	Variable Annuity Application	25-1275	AEF	Initial		0.000	25-1275 Destinations O 12-10-12.pdf	Date Submitted: 12/10/2012 By:
<i>Previous Version</i>								
2	Variable Annuity Application	25-1275	AEF	Initial		0.000	25-1275 Destinations O.pdf	Date Submitted: 12/04/2012 By: Maysy Novak

No Rate Schedule Items Changed.

No Supporting Documents Changed.

SERFF Tracking #:

PACL-128795769

State Tracking #:

Company Tracking #:

D-APPS 2/1/13

State: Arkansas

Filing Company:

Pacific Life Insurance Company

TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium

Product Name: Application

Project Name/Number: Application/25-1274

Form Schedule

Lead Form Number: 25-1274

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Variable Annuity Application	25-1274	AEF	Initial		0.000	25-1274 Destinations 12-10-12.pdf
2		Variable Annuity Application	25-1275	AEF	Initial		0.000	25-1275 Destinations O 12-10-12.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

**PACIFIC LIFE****Pacific Life Insurance Company**

[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives: (877) 441-2357]

[Pacific Destinations]

Variable Annuity Application

1. ANNUITANT(S) *Must be an individual. Check product guidelines for maximum issue age.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN	
Residential Address (if different than mailing address)	City, State, ZIP			

Solicited at: State

Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types.
Information put here will be used for contract and registered representative appointment purposes.

ADDITIONAL ANNUITANT *Not applicable for qualified contracts. Check One:* ☐ Joint ☐ Contingent

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN	
Residential Address (if different than mailing address)	City, State, ZIP			

2. OWNER(S) *If annuitant(s) and owner(s) are the same, do not complete this section. Check product guidelines for maximum issue age.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN/TIN	
Residential Address (if different than mailing address)	City, State, ZIP			

ADDITIONAL OWNER *Not applicable for qualified contracts.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN	
Residential Address (if different than mailing address)	City, State, ZIP			

3. DEATH BENEFIT COVERAGE☐ **Stepped-Up Death Benefit** *Owner(s) and Annuitant(s) must not be over age 75 at issue.*

If the stepped-up death benefit I have selected cannot be added to the contract due to age restrictions or state availability, I understand that the contract will be issued without the stepped-up death benefit rider.]



4. ELECTRONIC INFORMATION CONSENT

FOR EVEN
FASTER
DELIVERY

E-Mail address: _____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to prospectuses, prospectus supplements, reports, statements, immediate confirmations, privacy notice and other notices, and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically.

I confirm that I have ready access to a computer with Internet access, an active email account to receive this information electronically, and ability to read and retain it. I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify Pacific Life promptly when my e-mail address changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Life.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Life is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-4448 if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address.

5. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK
IF YES

☐ Yes

TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION As the owner, I will receive this privilege automatically.

If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing Pacific Life to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Pacific Life will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

6. HOUSEHOLDING By signing this application I consent to Pacific Life mailing one copy of contract owner documents to multiple contract owners who share the same household address. Such documents will include prospectuses, prospectus supplements, announcements, and reports, but will not include contract-specific information such as transaction confirmations and statements. This service, known as "householding," reduces expenses, environmental waste, and the volume of mail I receive. If I do not wish to participate in this service and prefer to receive my own contract owner documents, I have checked the box below.

☐ I elect **NOT** to participate in householding.

7. BENEFICIARIES If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Each beneficiary class must equal 100%. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary will be the owner listed on the application and information provided below will not be valid. Use Section 14, Special Requests, to provide additional beneficiary information.

Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %



8. CONTRACT TYPE *Select ONE.*

<input type="checkbox"/> Non-Qualified ^{1,2}	<input type="checkbox"/> SIMPLE IRA ⁴	<input type="checkbox"/> Roth IRA ³	<input type="checkbox"/> 401(a) ⁶
<input type="checkbox"/> IRA ³	<input type="checkbox"/> SEP-IRA	<input type="checkbox"/> TSA/403(b) ⁵	<input type="checkbox"/> 401(k) ⁶

[¹ For trust-owned contracts, complete Trustee Certification and Disclosure. ² For non-qualified contracts, if owner is a non-natural person or corporation, complete Non-Natural or Corporate-Owned Disclosure Statement. ³ For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. ⁴ Complete SIMPLE IRA Employer Information. ⁵ Complete TSA Certification. ⁶ Complete Qualified Plan Disclosure.]

9. INITIAL PURCHASE PAYMENT**9A. NON-QUALIFIED CONTRACT PAYMENT TYPE***Indicate type of initial payment.*

<input type="checkbox"/> 1035 exchange(s)/estimated transfer...\$ _____
<input type="checkbox"/> Amount enclosed.....\$ _____

9B. QUALIFIED CONTRACT PAYMENT TYPE *Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.*

<input type="checkbox"/> Transfer	\$ _____
<input type="checkbox"/> Rollover	\$ _____
<input type="checkbox"/> Contribution	\$ _____ for tax year _____

9C. Letter of Intent for Reduced Sales Charge (Available at contract issue only.)**Purchase Payments in the aggregate amount of \$ _____**

The amount specified above represents the total anticipated purchase payments for an immediate reduction in the sales charge percentage applied to my initial purchase payment. It is my intention to submit additional purchase payments over a period ending 13 months from the issue date of the contract. I understand that if I do not meet or exceed the amount indicated above in the 13 month period, that at the end of the 13th month, I will be subject to recalculation of the sales charge and proportionate deduction from all investment options, to account for the reduction in actual purchase payments received.

10. REPLACEMENT**10A. EXISTING INSURANCE**

CHECK ONE	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------	--

Do you have any existing life insurance or annuity contracts with this or any other company?
(Default is "Yes" if neither box is checked.)

10B. REPLACEMENT

CHECK ONE	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------	--

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms.

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity

11. OPTIONAL RIDERS Subject to state availability. To qualify for [Automatic Income Builder or CoreIncome Advantage5 Plus] rider benefits, the entire contract value must stay invested in allowable allocation options Pacific Life makes available for the riders. Guaranteed Minimum Withdrawal Benefit Riders are irrevocable after election. There are investment and transfer restrictions associated with these riders. Optional Guaranteed Minimum Withdrawal Benefit Riders are not available with Inherited IRA, Inherited Roth IRA, and Inherited TSA business.

[Guaranteed Minimum Withdrawal Benefit *Select one.*

- ☐ **Automatic Income Builder** Annuitant(s) must not be over age 85 at issue.
- ☐ **CoreIncome Advantage5 Plus** (Select One) If neither box below is checked, the single life optional rider will be issued.
- ☐ **Single Life** Annuitant(s) must not be over age 85 at issue.
- ☐ **Joint Life** Both spouses must not be over age 85 at issue. Available only if the Contract Type selected in Section 8 is Non-qualified (not available if the Owner is a trust or other entity), IRA (including custodial-owned IRAs), Roth IRA, SIMPLE IRA, SEP-IRA, or TSA/403(b). Joint Owners must be spouses, if applicable. If the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary. Complete the beneficiary information in Section 7. If this is a custodial-owned IRA, it is the responsibility of the custodian to verify that the beneficiary designation at the custodian is the spouse of the Annuitant.]

If any rider selected in this section cannot be added to the contract due to age and/or other rider restrictions or state availability, the contract will be issued without that rider.



12. DOLLAR COST AVERAGING *If elected, 100% of your initial investment will be allocated to the DCA Plus term unless you indicate a different percentage below. If you select [Asset Allocation/Balanced portfolio] or Individual Investments and a percentage less than 100% is indicated, the remainder of the purchase payment will be allocated pro rata to the allocations selected. To indicate a source account other than DCA Plus, use Section 14, Special Requests, or the [Transfers and Allocations] form. Additional investments will be allocated to the DCA Plus selection indicated below unless alternate instructions are on file or provided with the investment.*

[DCA Plus Term

Select one:

☐ 6 months ☐ 12 months

_____ % of initial investment. Default will be 100% if not indicated in Section 16.]

13. REBALANCING *Optional*

☐ Quarterly ☐ Semiannually ☐ Annually]

14. SPECIAL REQUESTS *If additional space is needed, attach a letter signed and dated by the Owner(s).*

15. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: WARNING It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

[All Other States: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.]









- I. **Sample Portfolios:** Select one portfolio. 100% of your investment will be allocated to the portfolio selected. [Note: The Growth Focus and All Equity Sample Portfolios are not available allocation options for use with Optional Riders in Section 11.]
- II. **[Asset Allocation/Balanced portfolios]:** Indicate the percentage of your investment for each [Asset Allocation/Balanced portfolios]. Allocations may be among these strategies and must total 100%.

<div> <div></div> <div>Sample Portfolios</div> </div>	<div> <div>EDWARD JONES SAMPLE PORTFOLIS</div> <div>Select only one.</div> <div> <input type="checkbox"/> Balanced: Growth & Income <input type="checkbox"/> Balanced Toward Growth <input type="checkbox"/> Growth Focus* <input type="checkbox"/> All Equity* </div> <div>* Not available for investment if an Optional Rider is selected in Section 11.</div> </div>		
<div>U.S. Fixed - Income Portfolios</div>	<div> <div>Eaton Vance Floating Rate Loan</div> <div>_____%</div> <div>Lord Abbett Bond Debenture Portfolio VC</div> <div>_____%</div> <div>Lord Abbett Total Return Portfolio VC</div> <div>_____%</div> <div>Pacific Asset Management Cash Management</div> <div>_____%</div> <div>Pacific Asset Management High Yield Bond</div> <div>_____%</div> <div>PIMCO Inflation Managed</div> <div>_____%</div> <div>PIMCO Managed Bond</div> <div>_____%</div> <div>T. Rowe Price Short Duration Bond</div> <div>_____%</div> <div>Western Asset Management Diversified Bond</div> <div>_____%</div> <div>Western Asset Management Inflation Protected</div> <div>_____%</div> </div>		<div>_____ %Total</div>
<div>Non-U.S. Fixed - Income Portfolios</div>	<div> <div>Ashmore Emerging Markets Debt</div> <div>_____%</div> <div>Templeton Global Bond Securities Fund</div> <div>_____%</div> </div>		<div>_____ %Total</div>
<div>U.S. Equity Portfolios</div>	<div> <div>Alger Small-Cap Growth</div> <div>_____%</div> <div>American Century VP Mid Cap Value</div> <div>_____%</div> <div>BlackRock Capital Appreciation V.I. Fund</div> <div>_____%</div> <div>BlackRock Equity Index</div> <div>_____%</div> <div>BlackRock Large-Cap Growth</div> <div>_____%</div> <div>BlackRock Mid-Cap Value</div> <div>_____%</div> <div>BlackRock Small-Cap Index</div> <div>_____%</div> <div>ClearBridge Large-Cap Value</div> <div>_____%</div> <div>Fidelity VIP Contrafund®</div> <div>_____%</div> <div>Franklin Rising Dividends Securities Fund</div> <div>_____%</div> <div>Franklin/BlackRock Small-Cap Equity</div> <div>_____%</div> <div>Invesco Comstock</div> <div>_____%</div> <div>Janus Focused 30</div> <div>_____%</div> <div>Janus Growth LT</div> <div>_____%</div> <div>MFS® Investors Growth Stock Series</div> <div>_____%</div> <div>MFS® Value Series</div> <div>_____%</div> <div>Morgan Stanley Mid-Cap Growth</div> <div>_____%</div> <div>NFJ Small-Cap Value</div> <div>_____%</div> <div>Oppenheimer Main Street® Core</div> <div>_____%</div> <div>Scout Mid-Cap Equity</div> <div>_____%</div> <div>T. Rowe Price Dividend Growth</div> <div>_____%</div> </div>		<div>_____ %Total</div>



Non-U.S. Equity Portfolios	Batterymarch International Small-Cap _____%	_____ %Total
	J.P. Morgan International Value _____%	
	Lord Abbett International Core Equity Portfolio VC _____%	
	MFS® International Large-Cap _____%	
	Mutual Global Discovery Securities Fund _____%	
	Oppenheimer Emerging Markets _____%	
Alternative Strategies Portfolios	Van Eck VIP Global Hard Assets Fund _____%	_____ %Total
Sector Portfolios	MFS® Utilities Series _____%	_____ %Total
	Morgan Stanley Real Estate _____%	
Allowable Asset Allocation/Balanced portfolios for use with Optional Riders	BlackRock Global Allocation V.I. Fund _____%	_____ %Total
	Fidelity VIP FundsManager® 60% _____%	
	First Trust/Dow Jones Dividend & Income Allocation Portfolio _____%	
	GE Investments Total Return Fund _____%	
	Janus Aspen Balanced _____%	
	MFS® Total Return Series _____%	
	PIMCO Global Multi-Asset Portfolio _____%	
	PLFA Pacific Dynamix Conservative-Growth _____%	
	PLFA Pacific Dynamix Moderate-Growth _____%	
	PLFA Portfolio Optimization Conservative _____%	
	PLFA Portfolio Optimization Moderate-Conservative _____%	
	PLFA Portfolio Optimization Moderate _____%	
Asset Allocation/Balanced portfolios <u>NOT</u> allowed for use with Optional Riders	AllianceBernstein VPS Balanced Wealth Strategy _____%	_____ %Total
	Franklin Templeton VIP Founding Funds _____%	
	PLFA Pacific Dynamix Growth _____%	
	PLFA Portfolio Optimization Growth _____%	
	PLFA Portfolio Optimization Aggressive-Growth _____%]	
MUST TOTAL 100%		_____ %Total

CONTINUED ON NEXT PAGE


17. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a variable annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). I received the variable annuity prospectus and applicable fund prospectuses for this variable annuity contract. I hereby represent my answers to the above questions to be correct and true to the best of my knowledge and belief, and agree that this application will be part of the annuity contract issued by Pacific Life Insurance Company. After reviewing my financial background with my registered representative, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting variable investment options. I understand the terms and conditions related to any optional rider applied for and believe that the rider(s) meet(s) my insurable needs and financial objectives. I have discussed all fees and charges for this contract with my registered representative, including sales charges. If I have elected to submit a Letter of Intent, I certify that I have read and understand the description of the optional election of providing a Letter of Intent for subsequent purchase payments, including the benefits and risks, in the prospectuses. I understand that I can qualify for a reduction in the sales charge percentage applied to the premiums submitted for this contract and have determined with the assistance of my registered representative that I have additional funds to make subsequent purchase payments within the first 13 months of this contract in the amount indicated in Section 9C of this application. I understand that if I do not meet or exceed the amount indicated in the 13 month period that I will be subject to recalculation and adjustment of the sales charge amount to adjust for the reduction in actual purchase payments received. I understand that if I cancel a contract issued as a result of this application without penalty during the Right to Cancel initial review period, depending upon the state where my contract is issued, it is possible the amount refunded may be less than the initial amount I invested due to the investment experience of my selected investment options. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. **I UNDERSTAND THAT BENEFITS AND VALUES PROVIDED UNDER THE CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.**

Owner's Signature 	Date (mo/day/yr) 	Signed at: City 	State 
Joint Owner's Signature (if applicable) 	Date (mo/day/yr) 		

18. REGISTERED REPRESENTATIVE'S STATEMENT

18A.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
18B.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued?

If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 10B of this application. I hereby certify that I have used only Pacific Life Insurance Company's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life Insurance Company's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner(s), as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I certify that I have provided the applicant with all product and applicable fund prospectuses for this variable annuity contract. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed my broker/dealer's suitability guidelines in both the recommendation of this annuity and the choice of investment options; and that this application is subject to review for suitability by my broker/dealer. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. **I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.**

Soliciting Registered Representative's Signature 	Print Registered Representative's Full Name	[Option <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D]
Registered Representative's Telephone Number	Registered Representative's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number (optional)	



**PACIFIC LIFE**

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives: (877) 441-2357]

**[Pacific Destinations
O-Series]**

*Individual Variable
Annuity Application*

1. ANNUITANT(S) *Must be an individual. Check product guidelines for maximum issue age.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN	
Residential Address (if different than mailing address)	City, State, ZIP			

Solicited at: State

*Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types.
Information put here will be used for contract and registered representative appointment purposes.*

ADDITIONAL ANNUITANT *Not applicable for qualified contracts. Check One:* ☐ Joint ☐ Contingent

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN	
Residential Address (if different than mailing address)	City, State, ZIP			

2. OWNER(S) *If annuitant(s) and owner(s) are the same, do not complete this section. Check product guidelines for maximum issue age.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN/TIN	
Residential Address (if different than mailing address)	City, State, ZIP			

ADDITIONAL OWNER *Not applicable for qualified contracts.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN	
Residential Address (if different than mailing address)	City, State, ZIP			

3. DEATH BENEFIT COVERAGE

☐ **Stepped-Up Death Benefit** *Owner(s) and Annuitant(s) must not be over age 75 at issue.*

If the stepped-up death benefit I have selected cannot be added to the contract due to age restrictions or state availability, I understand that the contract will be issued without the stepped-up death benefit rider.]



4. ELECTRONIC INFORMATION CONSENT

FOR EVEN
FASTER
DELIVERY

E-Mail address: _____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to prospectuses, prospectus supplements, reports, statements, immediate confirmations, privacy notice and other notices, and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically.

I confirm that I have ready access to a computer with Internet access, an active email account to receive this information electronically, and ability to read and retain it. I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify Pacific Life promptly when my e-mail address changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Life.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Life is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-4448 if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address.

5. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK
IF YES

☐ Yes

TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION As the owner, I will receive this privilege automatically.

If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing Pacific Life to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Pacific Life will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

6. HOUSEHOLDING By signing this application I consent to Pacific Life mailing one copy of contract owner documents to multiple contract owners who share the same household address. Such documents will include prospectuses, prospectus supplements, announcements, and reports, but will not include contract-specific information such as transaction confirmations and statements. This service, known as "householding," reduces expenses, environmental waste, and the volume of mail I receive. If I do not wish to participate in this service and prefer to receive my own contract owner documents, I have checked the box below.

☐ I elect **NOT** to participate in householding.

7. BENEFICIARIES If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Each beneficiary class must equal 100%. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary will be the owner listed on the application and information provided below will not be valid. Use Section 14, Special Requests, to provide additional beneficiary information.

Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %



8. CONTRACT TYPE *Select ONE.*

<input type="checkbox"/> Non-Qualified ^{1,2}	<input type="checkbox"/> SIMPLE IRA ⁴	<input type="checkbox"/> Roth IRA ³	<input type="checkbox"/> 401(a) ⁶
<input type="checkbox"/> IRA ³	<input type="checkbox"/> SEP-IRA	<input type="checkbox"/> TSA/403(b) ⁵	<input type="checkbox"/> 401(k) ⁶

[¹ For trust-owned contracts, complete Trustee Certification and Disclosure. ² For non-qualified contracts, if owner is a non-natural person or corporation, complete Non-Natural or Corporate-Owned Disclosure Statement. ³ For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. ⁴ Complete SIMPLE IRA Employer Information. ⁵ Complete TSA Certification. ⁶ Complete Qualified Plan Disclosure.]

9. INITIAL PURCHASE PAYMENT *Make check payable to Pacific Life Insurance Company.*

9A. NON-QUALIFIED CONTRACT PAYMENT TYPE

Indicate type of initial payment.

<input type="checkbox"/> 1035 exchange(s)/estimated transfer...\$ _____
<input type="checkbox"/> Amount enclosed.....\$ _____

9B. QUALIFIED CONTRACT PAYMENT TYPE *Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.*

<input type="checkbox"/> Transfer	\$ _____
<input type="checkbox"/> Rollover	\$ _____
<input type="checkbox"/> Contribution	\$ _____ for tax year _____

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------	--

Do you have any existing life insurance or annuity contracts with this or any other company?
(Default is "Yes" if neither box is checked.)

10B. REPLACEMENT

CHECK ONE	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------	--

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms.

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity

11. OPTIONAL RIDERS *Subject to state availability. To qualify for [Automatic Income Builder or CoreIncome Advantage5 Plus] rider benefits, the entire contract value must stay invested in allowable allocation options Pacific Life makes available for the riders. Guaranteed Minimum Withdrawal Benefit Riders are irrevocable after election. There are investment and transfer restrictions associated with these riders. Optional Guaranteed Minimum Withdrawal Benefit Riders are not available with Inherited IRA, Inherited Roth IRA, and Inherited TSA business.*

[Guaranteed Minimum Withdrawal Benefit *Select one.*

- ☐ **Automatic Income Builder** *Annuitant(s) must not be over age 85 at issue.*
- ☐ **CoreIncome Advantage5 Plus** *(Select One) If neither box below is checked, the single life optional rider will be issued.*
- ☐ **Single Life** *Annuitant(s) must not be over age 85 at issue.*
- ☐ **Joint Life** *Both spouses must not be over age 85 at issue. Available only if the Contract Type selected in Section 8 is Non-qualified (not available if the Owner is a trust or other entity), IRA (including custodial-owned IRAs), Roth IRA, SIMPLE IRA, SEP-IRA, or TSA/403(b). Joint Owners must be spouses, if applicable. If the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary. Complete the beneficiary information in Section 7. If this is a custodial-owned IRA, it is the responsibility of the custodian to verify that the beneficiary designation at the custodian is the spouse of the Annuitant.]*

If any rider selected in this section cannot be added to the contract due to age and/or other rider restrictions or state availability, the contract will be issued without that rider.



12. DOLLAR COST AVERAGING *If elected, 100% of your initial investment will be allocated to the DCA Plus term unless you indicate a different percentage below. If you select [Asset Allocation/Balanced portfolios] or Individual Investments and a percentage less than 100% is indicated, the remainder of the purchase payment will be allocated pro rata to the allocations selected. To indicate a source account other than DCA Plus, use Section 14, Special Requests, or the [Transfers and Allocations] form. Additional investments will be allocated to the DCA Plus selection indicated below unless alternate instructions are on file or provided with the investment.*

[DCA Plus Term

Select one:

☐ 6 months ☐ 12 months

_____ % of initial investment. Default will be 100% if not indicated in Section 16.]

13. REBALANCING *Optional*

☐ Quarterly ☐ Semiannually ☐ Annually]

14. SPECIAL REQUESTS *If additional space is needed, attach a letter signed and dated by the Owner(s).*

15. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: WARNING It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

[All Other States: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.]



16. ALLOCATION OPTIONS Use this section to allocate 100% of your investment. Use whole percentages only. Additional investments will be allocated based on the options below and where applicable, if a selection was made in section 12, unless alternate instructions are on file or provided with the investment. **IMPORTANT:** To be eligible for an optional rider in Section 11, you must select **ONE** of the following options:

- I. **Sample Portfolios:** Select one portfolio. 100% of your investment will be allocated to the portfolio selected. Note: The Growth Focus and All Equity Sample Portfolios are not available allocation options for use with Optional Riders in Section 11.
- II. **[Asset Allocation/Balanced portfolios]:** Indicate the percentage of your investment for each [Asset Allocation/Balanced portfolios]. Allocations may be among these strategies and must total 100%.

If you want to select individual investments and are **NOT** choosing an optional rider in Section 11, you may indicate any combination of investments, excluding the Sample Portfolios. Allocations must total 100%.

[Sample Portfolios	EDWARD JONES SAMPLE PORTFOLIS <i>Select only one.</i> <input type="checkbox"/> Balanced: Growth & Income <input type="checkbox"/> Balanced Toward Growth <input type="checkbox"/> Growth Focus* <input type="checkbox"/> All Equity* * Not available for investment if an Optional Rider is selected in Section 11.	
U.S. Fixed - Income Portfolios	Eaton Vance Floating Rate Loan _____% Lord Abbett Bond Debenture Portfolio VC _____% Lord Abbett Total Return Portfolio VC _____% Pacific Asset Management Cash Management _____% Pacific Asset Management High Yield Bond _____% PIMCO Inflation Managed _____% PIMCO Managed Bond _____% T. Rowe Price Short Duration Bond _____% Western Asset Management Diversified Bond _____% Western Asset Management Inflation Protected _____%	_____% Total
Non-U.S. Fixed - Income Portfolios	Ashmore Emerging Markets Debt _____% Templeton Global Bond Securities Fund _____%	_____% Total
U.S. Equity Portfolios	Alger Small-Cap Growth _____% American Century VP Mid Cap Value _____% BlackRock Capital Appreciation V.I. Fund _____% BlackRock Equity Index _____% BlackRock Large-Cap Growth _____% BlackRock Mid-Cap Value _____% BlackRock Small-Cap Index _____% ClearBridge Large-Cap Value _____% Fidelity VIP Contrafund® _____% Franklin Rising Dividends Securities Fund _____% Franklin/BlackRock Small-Cap Equity _____% Invesco Comstock _____% Janus Focused 30 _____% Janus Growth LT _____% MFS® Investors Growth Stock Series _____% MFS® Value Series _____% Morgan Stanley Mid-Cap Growth _____% NFJ Small-Cap Value _____% Oppenheimer Main Street® Core _____% Scout Mid-Cap Equity _____% T. Rowe Price Dividend Growth _____%	_____% Total








Non-U.S. Equity Portfolios	Batterymarch International Small-Cap _____%	_____ %Total
	J.P. Morgan International Value _____%	
	Lord Abbett International Core Equity Portfolio VC _____%	
	MFS® International Large-Cap _____%	
	Mutual Global Discovery Securities Fund _____%	
	Oppenheimer Emerging Markets _____%	
Alternative Strategies Portfolios	Van Eck VIP Global Hard Assets Fund _____%	_____ %Total
Sector Portfolios	MFS® Utilities Series _____%	_____ %Total
	Morgan Stanley Real Estate _____%	
Allowable Asset Allocation/Balanced portfolios for use with Optional Riders	BlackRock Global Allocation V.I. Fund _____%	_____ %Total
	Fidelity VIP FundsManager® 60% _____%	
	First Trust/Dow Jones Dividend & Income Allocation Portfolio _____%	
	GE Investments Total Return Fund _____%	
	Janus Aspen Balanced _____%	
	MFS® Total Return Series _____%	
	PIMCO Global Multi-Asset Portfolio _____%	
	PLFA Pacific Dynamix Conservative-Growth _____%	
	PLFA Pacific Dynamix Moderate-Growth _____%	
	PLFA Portfolio Optimization Conservative _____%	
	PLFA Portfolio Optimization Moderate-Conservative _____%	
	PLFA Portfolio Optimization Moderate _____%	
Asset Allocation/Balanced portfolios <u>NOT</u> allowed for use with Optional Riders	AllianceBernstein VPS Balanced Wealth Strategy _____%	_____ %Total
	Franklin Templeton VIP Founding Funds _____%	
	PLFA Pacific Dynamix Growth _____%	
	PLFA Portfolio Optimization Growth _____%	
	PLFA Portfolio Optimization Aggressive-Growth _____%]	
MUST TOTAL 100%		_____ %Total



CONTINUED ON NEXT PAGE



17. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a variable annuity contract ("contract") issued by Pacific Life Insurance Company. I received the variable annuity prospectus and applicable fund prospectuses for this variable annuity contract. After reviewing my financial background with my registered representative, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting variable investment options. I understand the terms and conditions related to any optional rider applied for and believe that the rider(s) meet(s) my insurable needs and financial objectives. I have discussed all fees and charges for this contract with my registered representative, including premium based charges and withdrawal charges, if applicable. I understand that if I cancel a contract issued as a result of this application without penalty during the Right to Cancel initial review period, depending upon the state where my contract is issued, it is possible the amount refunded may be less than the initial amount I invested due to the investment experience of my selected investment options. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. I certify that all answers to questions and statements made on this application are to the best of my knowledge and belief. **I UNDERSTAND THAT BENEFITS AND VALUES PROVIDED UNDER THE CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.**


Owner's Signature 	Date (mo/day/yr) 	Signed at: City 	State  _____
Joint Owner's Signature (if applicable) 	Date (mo/day/yr) 		

18. REGISTERED REPRESENTATIVE'S STATEMENT

18A.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
18B.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued?

If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 10B of this application. I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives.

I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner(s), as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I certify that I have provided the applicant with all product and applicable fund prospectuses for this variable annuity contract. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed my broker/dealer's suitability guidelines in both the recommendation of this annuity and the choice of investment options, and that this application is subject to review for suitability by my broker/dealer. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. **I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.**

Soliciting Registered Representative's Signature 	Print Registered Representative's Full Name	Option [<input type="checkbox"/> A]
Registered Representative's Telephone Number	Registered Representative's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number (optional)	



State:	Arkansas	Filing Company:	Pacific Life Insurance Company
TOI/Sub-TOI:	A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium		
Product Name:	Application		
Project Name/Number:	Application/25-1274		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
1274-1275 SOV Apps.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification		
Comments:			
Attachment(s):			
AR 1274-1275 App Certs.pdf			

PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

<u>Form Number(s)</u>	<u>Form Description</u>
25-1274	Variable Annuity Application
25-1275	Variable Annuity Application

This Statement of Variability identifies and explains the variable items, denoted by brackets, contained in the above referenced application forms. Any changes within these areas will be administered in accordance with the requirements of your state insurance department.

Variable Annuity Application Form No. 25-1274

Page No.	Bracketed (Variable) Text	Explanation of Variability/Range of Variables
1	Product Marketing Name	The name of the product applied for will be displayed.
1	Company Addresses, website, and Toll-Free Telephone Numbers	Current information shown. In the event of a change in the company address, internet address, and/or toll-free telephone numbers, the new information will be shown, accordingly.
1-7	Barcode and Date	Barcodes will be assigned to this form as necessary and will change from time to time. The most current barcode revision date will be displayed to the left of the barcode.
1	Section 3 – Death Benefit Coverage	The optional death benefit rider shown in this section has been previously approved by the Department and available for the applicable contract. From time to time, we may add new approved optional death benefit riders and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional death benefit rider added to this section will only be those optional death benefit riders that have been previously approved. If no additional death benefit rider is available, the following text will be displayed: NOTE: There are no optional death benefits available.
3	Section 8 - Contract Type: [Non-Qualified, SIMPLE IRA, SEP-IRA, IRA, Roth IRA, TSA/403(b), 401(a), 401(k)]	The contract may be issued in connection with any of the contract types indicated in this space. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued.
3	Section 8 - Contract Type: [¹ For trust-owned contracts, complete Trustee Certification and Disclosure. ² For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. ³ For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. ⁴ Complete SIMPLE IRA Employer Information. ⁵ Complete TSA Certification. ⁶ Complete Qualified Plan Disclosure.]	The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.
3	Section 11 – Optional Riders	The optional riders listed are those currently available for the product applied for. We will add new riders and remove those riders that are no longer available. Any new optional rider added to this section will only be those optional riders that have been previously approved.

4	Section 12 – Dollar Cost Averaging	<p>The descriptive references to investment portfolios may change from time to time.</p> <p>The references to internal forms and their titles may change from time to time.</p> <p>Additionally, the guarantee terms shown are those currently available under the contract to which Purchase Payments may be allocated. If the Contract does not offer a DCA Plus option, or if we discontinue offering the DCA Plus option, the following language will appear “Note: The DCA Plus Option is not available with this contract”.</p>
4	Section 13 - Rebalancing	The rebalance schedules that are available under the Contract. All or any combination of the options shown could be displayed.
4	Section 15 - Fraud Notice	The state mandated fraud notices may be added or removed from this section as applicable.
5-6	Section 16 - Allocation Options	<p>The descriptive references to investment portfolios may change from time to time.</p> <p>The variable investment options within each Category shown are those currently available. From time to time, we may add, change or delete those variable investment options without prior approval unless the change significantly alters the underlying structure of the contract.</p>
7	Section 18 - Registered Representative's Statement – Option Box	<p>The commission schedules available under the Contract in which the Registered Representative can choose from are displayed here. If there are no commission schedules available under the Contract, this box will not appear. We have bracketed the commission options to allow for future additions or deletions within the stated options, i.e, each option will either appear or not appear. The range of commission options is A, B, C, D, E, F, and G.</p>

Variable Annuity Application Form No. 25-1275

Page No.	Bracketed (Variable) Text	Explanation of Variability/Range of Variables
1	Product Marketing Name	The name of the product applied for will be displayed.
1	Company Addresses, website, and Toll-Free Telephone Numbers	Current information shown. In the event of a change in the company address, internet address, and/or toll-free telephone numbers, the new information will be shown, accordingly.
1-7	Barcode and Date	Barcodes will be assigned to this form as necessary and will change from time to time. The most current barcode revision date will be displayed to the left of the barcode.
1	Section 3 – Death Benefit Coverage	The optional death benefit rider shown in this section has been previously approved by the Department and available for the applicable contract. From time to time, we may add new approved optional death benefit riders and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional death benefit rider added to this section will only be those optional death benefit riders that have been previously approved. If no additional death benefit rider is available, the following text will be displayed: NOTE: There are no optional death benefits available.
3	Section 8 - Contract Type: [Non-Qualified, SIMPLE IRA, SEP-IRA, IRA, Roth IRA, TSA/403(b), 401(a), 401(k)]	The contract may be issued in connection with any of the contract types indicated in this space. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued.
3	Section 8 - Contract Type: [1 For trust-owned contracts, complete Trustee Certification and Disclosure. 2 For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. 3 For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. 4 Complete SIMPLE IRA Employer Information. 5 Complete TSA Certification. 6 Complete Qualified Plan Disclosure.]	The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.
3	Section 11 – Optional Riders	The optional riders listed are those currently available for the product applied for. We will add new riders and remove those riders that are no longer available. Any new optional rider added to this section will only be those optional riders that have been previously approved.
4	Section 12 – Dollar Cost Averaging	<p>The descriptive references to investment portfolios may change from time to time.</p> <p>The references to internal forms and their titles may change from time to time.</p> <p>Additionally, the guarantee terms shown are those currently available under the contract to which Purchase Payments may be allocated. If the Contract does not offer a DCA Plus option, or if we discontinue offering the DCA Plus option, the following language will appear “Note: The DCA Plus Option is not available with this contract”.</p>

4	Section 13 - Rebalancing	The rebalance schedules that are available under the Contract. All or any combination of the options shown could be displayed.
4	Section 15 - Fraud Notice	The state mandated fraud notices may be added or removed from this section as applicable.
5-6	Section 16 - Allocation Options	<p>The descriptive references to investment portfolios may change from time to time.</p> <p>The variable investment options within each Category shown are those currently available. From time to time, we may add, change or delete those variable investment options without prior approval unless the change significantly alters the underlying structure of the contract.</p>
7	Section 18 - Registered Representative's Statement – Option Box	<p>The commission schedules available under the Contract in which the Registered Representative can choose from are displayed here. If there are no commission schedules available under the Contract, this box will not appear. We have bracketed the commission options to allow for future additions or deletions within the stated options, i.e, each option will either appear or not appear. The range of commission options is A, B, C, D, E, F, and G.</p>

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

RULE AND REGULATION 6 CERTIFICATION

<u>Form Number(s)</u>	<u>Form Description</u>
25-1274	Variable Annuity Application
25-1275	Variable Annuity Application

I, Nancy A. Hill, hereby provide our assurance that Rule and Regulation 6 has been reviewed and the above form(s) are in compliance said Rule and Regulation 6 as well as all other applicable requirements of the Arkansas Department of Insurance.



Company Officer

Nancy A. Hill

Name

Assistant Vice President Compliance

Title

December 4, 2012

Date

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

REGULATION 19 CERTIFICATION

<u>Form Number(s)</u>	<u>Form Description</u>
25-1274	Variable Annuity Application
25-1275	Variable Annuity Application

I, Nancy A. Hill, hereby certify that the above form(s) meet the provisions of Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.



Company Officer

Nancy A. Hill

Name

Assistant Vice President Compliance

Title

December 4, 2012

Date

SERFF Tracking #:

PACL-128795769

State Tracking #:**Company Tracking #:**

D-APPS 2/1/13

State:

Arkansas

Filing Company:

Pacific Life Insurance Company

TOI/Sub-TOI:

A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium

Product Name:

Application

Project Name/Number:

Application/25-1274

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/04/2012		Form	Variable Annuity Application	12/10/2012	25-1274 Destinations.pdf (Superceded)
12/04/2012		Form	Variable Annuity Application	12/10/2012	25-1275 Destinations O.pdf (Superceded)

**PACIFIC LIFE****Pacific Life Insurance Company**

[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives: (877) 441-2357]

[Pacific Destinations]

Variable Annuity Application

1. ANNUITANT(S) *Must be an individual. Check product guidelines for maximum issue age.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN	
Residential Address (if different than mailing address)	City, State, ZIP			

Solicited at: State

Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types.
Information put here will be used for contract and registered representative appointment purposes.

ADDITIONAL ANNUITANT *Not applicable for qualified contracts. Check One:* ☐ Joint ☐ Contingent

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN	
Residential Address (if different than mailing address)	City, State, ZIP			

2. OWNER(S) *If annuitant(s) and owner(s) are the same, do not complete this section. Check product guidelines for maximum issue age.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN/TIN	
Residential Address (if different than mailing address)	City, State, ZIP			

ADDITIONAL OWNER *Not applicable for qualified contracts.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN	
Residential Address (if different than mailing address)	City, State, ZIP			

3. DEATH BENEFIT COVERAGE☐ **Stepped-Up Death Benefit** *Owner(s) and Annuitant(s) must not be over age 75 at issue.*

If the stepped-up death benefit I have selected cannot be added to the contract due to age restrictions or state availability, I understand that the contract will be issued without the stepped-up death benefit rider.]



4. ELECTRONIC INFORMATION CONSENT

FOR EVEN
FASTER
DELIVERY

E-Mail address: _____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to prospectuses, prospectus supplements, reports, statements, immediate confirmations, privacy notice and other notices, and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically.

I confirm that I have ready access to a computer with Internet access, an active email account to receive this information electronically, and ability to read and retain it. I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify Pacific Life promptly when my e-mail address changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Life.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Life is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-4448 if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address.

5. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK
IF YES

☐ Yes

TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION As the owner, I will receive this privilege automatically.

If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing Pacific Life to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Pacific Life will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

6. HOUSEHOLDING By signing this application I consent to Pacific Life mailing one copy of contract owner documents to multiple contract owners who share the same household address. Such documents will include prospectuses, prospectus supplements, announcements, and reports, but will not include contract-specific information such as transaction confirmations and statements. This service, known as "householding," reduces expenses, environmental waste, and the volume of mail I receive. If I do not wish to participate in this service and prefer to receive my own contract owner documents, I have checked the box below.

☐ I elect **NOT** to participate in householding.

7. BENEFICIARIES If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Each beneficiary class must equal 100%. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary will be the owner listed on the application and information provided below will not be valid. Use Section 14, Special Requests, to provide additional beneficiary information.

Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %



8. CONTRACT TYPE *Select ONE.*

<input type="checkbox"/> Non-Qualified ^{1,2}	<input type="checkbox"/> SIMPLE IRA ⁴	<input type="checkbox"/> Roth IRA ³	<input type="checkbox"/> 401(a) ⁶
<input type="checkbox"/> IRA ³	<input type="checkbox"/> SEP-IRA	<input type="checkbox"/> TSA/403(b) ⁵	<input type="checkbox"/> 401(k) ⁶

[¹ For trust-owned contracts, complete Trustee Certification and Disclosure. ² For non-qualified contracts, if owner is a non-natural person or corporation, complete Non-Natural or Corporate-Owned Disclosure Statement. ³ For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. ⁴ Complete SIMPLE IRA Employer Information. ⁵ Complete TSA Certification. ⁶ Complete Qualified Plan Disclosure.]

9. INITIAL PURCHASE PAYMENT**9A. NON-QUALIFIED CONTRACT PAYMENT TYPE***Indicate type of initial payment.*

<input type="checkbox"/> 1035 exchange(s)/estimated transfer...\$ _____
<input type="checkbox"/> Amount enclosed.....\$ _____

9B. QUALIFIED CONTRACT PAYMENT TYPE *Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.*

<input type="checkbox"/> Transfer	\$ _____
<input type="checkbox"/> Rollover	\$ _____
<input type="checkbox"/> Contribution	\$ _____ for tax year _____

9C. Letter of Intent for Reduced Sales Charge (Available at contract issue only.)**Purchase Payments in the aggregate amount of \$ _____**

The amount specified above represents the total anticipated purchase payments for an immediate reduction in the sales charge percentage applied to my initial purchase payment. It is my intention to submit additional purchase payments over a period ending 13 months from the issue date of the contract. I understand that if I do not meet or exceed the amount indicated above in the 13 month period, that at the end of the 13th month, I will be subject to recalculation of the sales charge and proportionate deduction from all investment options, to account for the reduction in actual purchase payments received.

10. REPLACEMENT**10A. EXISTING INSURANCE**

CHECK ONE	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------	--

Do you have any existing life insurance or annuity contracts with this or any other company?
(Default is "Yes" if neither box is checked.)

10B. REPLACEMENT

CHECK ONE	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------	--

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms.

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity

11. OPTIONAL RIDERS Subject to state availability. To qualify for [Automatic Income Builder or CoreIncome Advantage5 Plus] rider benefits, the entire contract value must stay invested in allowable allocation options Pacific Life makes available for the riders. Guaranteed Minimum Withdrawal Benefit Riders are irrevocable after election. There are investment and transfer restrictions associated with these riders. Optional Guaranteed Minimum Withdrawal Benefit Riders are not available with Inherited IRA, Inherited Roth IRA, and Inherited TSA business.

[Guaranteed Minimum Withdrawal Benefit *Select one.*

- ☐ **Automatic Income Builder** Annuitant(s) must not be over age 85 at issue.
- ☐ **CoreIncome Advantage5 Plus** (Select One) If neither box below is checked, the single life optional rider will be issued.
- ☐ **Single Life** Annuitant(s) must not be over age 85 at issue.
- ☐ **Joint Life** Both spouses must not be over age 85 at issue. Available only if the Contract Type selected in Section 8 is Non-qualified (not available if the Owner is a trust or other entity), IRA (including custodial-owned IRAs), Roth IRA, SIMPLE IRA, SEP-IRA, or TSA/403(b). Joint Owners must be spouses, if applicable. If the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary. Complete the beneficiary information in Section 7. If this is a custodial-owned IRA, it is the responsibility of the custodian to verify that the beneficiary designation at the custodian is the spouse of the Annuitant.]

If any rider selected in this section cannot be added to the contract due to age and/or other rider restrictions or state availability, the contract will be issued without that rider.



12. DOLLAR COST AVERAGING *If elected, 100% of your initial investment will be allocated to the DCA Plus term unless you indicate a different percentage below. If you select [Asset Allocation/Balanced portfolio] or Individual Investments and a percentage less than 100% is indicated, the remainder of the purchase payment will be allocated pro rata to the allocations selected. To indicate a source account other than DCA Plus, use Section 14, Special Requests, or the [Transfers and Allocations] form. Additional investments will be allocated to the DCA Plus selection indicated below unless alternate instructions are on file or provided with the investment.*

[DCA Plus Term

Select one:

☐ 6 months ☐ 12 months

_____ % of initial investment. Default will be 100% if not indicated in Section 16.]

13. REBALANCING *Optional*

☐ Quarterly ☐ Semiannually ☐ Annually]

14. SPECIAL REQUESTS *If additional space is needed, attach a letter signed and dated by the Owner(s).*

15. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: WARNING It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

[All Other States: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.]



16. ALLOCATION OPTIONS Use this section to allocate 100% of your investment. Use whole percentages only. Additional investments will be allocated based on the options below and where applicable, if a selection was made in section 12, unless alternate instructions are on file or provided with the investment. IMPORTANT: To be eligible for an optional rider in Section 11, you must select **ONE** of the following options:

- I. **Sample Portfolios:** Select one portfolio. 100% of your investment will be allocated to the portfolio selected. [Note: The Growth Focus and All Equity Sample Portfolios are not available allocation options for use with Optional Riders in Section 11.]
- II. **[Asset Allocation/Balanced portfolios]:** Indicate the percentage of your investment for each [Asset Allocation/Balanced portfolios]. Allocations may be among these strategies and must total 100%.

If you want to select individual investments and are **NOT** choosing an optional rider in Section 11, you may indicate any combination of investments, excluding the Sample Portfolios. Allocations must total 100%.

[U.S. Fixed - Income Portfolios]	Eaton Vance Floating Rate Loan	_____ %	
	Lord Abbett Bond Debenture Portfolio VC	_____ %	
	Lord Abbett Total Return Portfolio VC	_____ %	
	Pacific Asset Management Cash Management	_____ %	
	Pacific Asset Management High Yield Bond	_____ %	
	PIMCO Inflation Managed	_____ %	
	PIMCO Managed Bond	_____ %	
	T. Rowe Price Short Duration Bond	_____ %	
	Western Asset Management Diversified Bond	_____ %	
	Western Asset Management Inflation Protected	_____ %	
			_____ %Total
Non-U.S. Fixed - Income Portfolios	Ashmore Emerging Markets Debt	_____ %	
	Templeton Global Bond Securities Fund	_____ %	
			_____ %Total
U.S. Equity Portfolios	Alger Small-Cap Growth	_____ %	
	American Century VP Mid Cap Value	_____ %	
	BlackRock Capital Appreciation V.I. Fund	_____ %	
	BlackRock Equity Index	_____ %	
	BlackRock Mid-Cap Value	_____ %	
	BlackRock Small-Cap Index	_____ %	
	ClearBridge Large-Cap Value	_____ %	
	Fidelity VIP Contrafund®	_____ %	
	Franklin Rising Dividends Securities Fund	_____ %	
	Franklin/BlackRock Small-Cap Equity	_____ %	
	Invesco Comstock	_____ %	
	Janus Focused 30	_____ %	
	Janus Growth LT	_____ %	
	MFS® Investors Growth Stock Series	_____ %	
	MFS® Value Series	_____ %	
	Morgan Stanley Mid-Cap Growth	_____ %	
	NFJ Small-Cap Value	_____ %	
	Oppenheimer Main Street® Core	_____ %	
	Scout Investments Mid-Cap Equity	_____ %	
	T. Rowe Price Dividend Growth	_____ %	
	UBS Large-Cap Growth	_____ %	
			_____ %Total







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
Non-U.S. Equity Portfolios	Batterymarch International Small-Cap _____%	_____ %Total
	J.P. Morgan International Value _____%	
	Lord Abbett International Core Equity Portfolio VC _____%	
	MFS® International Large-Cap _____%	
	Mutual Global Discovery Securities Fund _____%	
	Oppenheimer Emerging Markets _____%	
Alternative Strategies Portfolios	Van Eck VIP Global Hard Assets Fund _____%	_____ %Total
Sector Portfolios	MFS® Utilities Series _____%	_____ %Total
	Morgan Stanley Real Estate _____%	
Allowable Asset Allocation/Balanced portfolios for use with Optional Riders	BlackRock Global Allocation V.I. Fund _____%	_____ %Total
	Fidelity VIP FundsManager® 60% _____%	
	First Trust/Dow Jones Dividend & Income Allocation Portfolio _____%	
	GE Investments Total Return Fund _____%	
	Janus Aspen Balanced _____%	
	MFS® Total Return Series _____%	
	PIMCO Global Multi-Asset Portfolio _____%	
	PLFA Pacific Dynamix Conservative-Growth _____%	
	PLFA Pacific Dynamix Moderate-Growth _____%	
	PLFA Portfolio Optimization Conservative _____%	
	PLFA Portfolio Optimization Moderate-Conservative _____%	
	PLFA Portfolio Optimization Moderate _____%	
Asset Allocation/Balanced portfolios <u>NOT</u> allowed for use with Optional Riders	AllianceBernstein VPS Balanced Wealth Strategy _____%	_____ %Total
	Franklin Templeton VIP Founding Funds _____%	
	PLFA Pacific Dynamix Growth _____%	
	PLFA Portfolio Optimization Growth _____%	
	PLFA Portfolio Optimization Aggressive-Growth _____%]	
MUST TOTAL 100%		_____ %Total

CONTINUED ON NEXT PAGE


17. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a variable annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). I received the variable annuity prospectus and applicable fund prospectuses for this variable annuity contract. I hereby represent my answers to the above questions to be correct and true to the best of my knowledge and belief, and agree that this application will be part of the annuity contract issued by Pacific Life Insurance Company. After reviewing my financial background with my registered representative, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting variable investment options. I understand the terms and conditions related to any optional rider applied for and believe that the rider(s) meet(s) my insurable needs and financial objectives. I have discussed all fees and charges for this contract with my registered representative, including sales charges. If I have elected to submit a Letter of Intent, I certify that I have read and understand the description of the optional election of providing a Letter of Intent for subsequent purchase payments, including the benefits and risks, in the prospectuses. I understand that I can qualify for a reduction in the sales charge percentage applied to the premiums submitted for this contract and have determined with the assistance of my registered representative that I have additional funds to make subsequent purchase payments within the first 13 months of this contract in the amount indicated in Section 9C of this application. I understand that if I do not meet or exceed the amount indicated in the 13 month period that I will be subject to recalculation and adjustment of the sales charge amount to adjust for the reduction in actual purchase payments received. I understand that if I cancel a contract issued as a result of this application without penalty during the Right to Cancel initial review period, depending upon the state where my contract is issued, it is possible the amount refunded may be less than the initial amount I invested due to the investment experience of my selected investment options. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. **I UNDERSTAND THAT BENEFITS AND VALUES PROVIDED UNDER THE CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.**

Owner's Signature 	Date (mo/day/yr) 	Signed at: City 	State 
Joint Owner's Signature (if applicable) 	Date (mo/day/yr) 		

18. REGISTERED REPRESENTATIVE'S STATEMENT

18A.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
18B.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued?

If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 10B of this application. I hereby certify that I have used only Pacific Life Insurance Company's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life Insurance Company's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner(s), as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I certify that I have provided the applicant with all product and applicable fund prospectuses for this variable annuity contract. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed my broker/dealer's suitability guidelines in both the recommendation of this annuity and the choice of investment options; and that this application is subject to review for suitability by my broker/dealer. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. **I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.**

Soliciting Registered Representative's Signature 	Print Registered Representative's Full Name	[Option <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D]
Registered Representative's Telephone Number	Registered Representative's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number (optional)	



**PACIFIC LIFE**

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives: (877) 441-2357]

**[Pacific Destinations
O-Series]**

*Individual Variable
Annuity Application*

1. ANNUITANT(S) *Must be an individual. Check product guidelines for maximum issue age.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN	
Residential Address (if different than mailing address)	City, State, ZIP			

Solicited at: State

*Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types.
Information put here will be used for contract and registered representative appointment purposes.*

ADDITIONAL ANNUITANT *Not applicable for qualified contracts. Check One:* ☐ Joint ☐ Contingent

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN	
Residential Address (if different than mailing address)	City, State, ZIP			

2. OWNER(S) *If annuitant(s) and owner(s) are the same, do not complete this section. Check product guidelines for maximum issue age.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN/TIN	
Residential Address (if different than mailing address)	City, State, ZIP			

ADDITIONAL OWNER *Not applicable for qualified contracts.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN	
Residential Address (if different than mailing address)	City, State, ZIP			

3. DEATH BENEFIT COVERAGE

☐ **Stepped-Up Death Benefit** *Owner(s) and Annuitant(s) must not be over age 75 at issue.*

If the stepped-up death benefit I have selected cannot be added to the contract due to age restrictions or state availability, I understand that the contract will be issued without the stepped-up death benefit rider.]



4. ELECTRONIC INFORMATION CONSENT

FOR EVEN
FASTER
DELIVERY

E-Mail address: _____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to prospectuses, prospectus supplements, reports, statements, immediate confirmations, privacy notice and other notices, and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically.

I confirm that I have ready access to a computer with Internet access, an active email account to receive this information electronically, and ability to read and retain it. I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify Pacific Life promptly when my e-mail address changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Life.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Life is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-4448 if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address.

5. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK
IF YES

☐ Yes

TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION As the owner, I will receive this privilege automatically.

If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing Pacific Life to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Pacific Life will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

6. HOUSEHOLDING By signing this application I consent to Pacific Life mailing one copy of contract owner documents to multiple contract owners who share the same household address. Such documents will include prospectuses, prospectus supplements, announcements, and reports, but will not include contract-specific information such as transaction confirmations and statements. This service, known as "householding," reduces expenses, environmental waste, and the volume of mail I receive. If I do not wish to participate in this service and prefer to receive my own contract owner documents, I have checked the box below.

☐ I elect **NOT** to participate in householding.

7. BENEFICIARIES If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Each beneficiary class must equal 100%. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary will be the owner listed on the application and information provided below will not be valid. Use Section 14, Special Requests, to provide additional beneficiary information.

Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %



8. CONTRACT TYPE *Select ONE.*

<input type="checkbox"/> Non-Qualified ^{1,2}	<input type="checkbox"/> SIMPLE IRA ⁴	<input type="checkbox"/> Roth IRA ³	<input type="checkbox"/> 401(a) ⁶
<input type="checkbox"/> IRA ³	<input type="checkbox"/> SEP-IRA	<input type="checkbox"/> TSA/403(b) ⁵	<input type="checkbox"/> 401(k) ⁶

[¹ For trust-owned contracts, complete Trustee Certification and Disclosure. ² For non-qualified contracts, if owner is a non-natural person or corporation, complete Non-Natural or Corporate-Owned Disclosure Statement. ³ For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. ⁴ Complete SIMPLE IRA Employer Information. ⁵ Complete TSA Certification. ⁶ Complete Qualified Plan Disclosure.]

9. INITIAL PURCHASE PAYMENT *Make check payable to Pacific Life Insurance Company.*

9A. NON-QUALIFIED CONTRACT PAYMENT TYPE

Indicate type of initial payment.

<input type="checkbox"/> 1035 exchange(s)/estimated transfer...\$ _____
<input type="checkbox"/> Amount enclosed.....\$ _____

9B. QUALIFIED CONTRACT PAYMENT TYPE *Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.*

<input type="checkbox"/> Transfer	\$ _____
<input type="checkbox"/> Rollover	\$ _____
<input type="checkbox"/> Contribution	\$ _____ for tax year _____

10. REPLACEMENT

10A. EXISTING INSURANCE

<div style="background-color: black; color: white; padding: 2px; text-align: center; width: 30px;">CHECK ONE</div> <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any existing life insurance or annuity contracts with this or any other company?
(Default is "Yes" if neither box is checked.)

10B. REPLACEMENT

<div style="background-color: black; color: white; padding: 2px; text-align: center; width: 30px;">CHECK ONE</div> <input type="checkbox"/> Yes <input type="checkbox"/> No

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms.

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity

11. OPTIONAL RIDERS *Subject to state availability. To qualify for [Automatic Income Builder or CoreIncome Advantage5 Plus] rider benefits, the entire contract value must stay invested in allowable allocation options Pacific Life makes available for the riders. Guaranteed Minimum Withdrawal Benefit Riders are irrevocable after election. There are investment and transfer restrictions associated with these riders. Optional Guaranteed Minimum Withdrawal Benefit Riders are not available with Inherited IRA, Inherited Roth IRA, and Inherited TSA business.*

[Guaranteed Minimum Withdrawal Benefit *Select one.*

- ☐ **Automatic Income Builder** *Annuitant(s) must not be over age 85 at issue.*
- ☐ **CoreIncome Advantage5 Plus** *(Select One) If neither box below is checked, the single life optional rider will be issued.*
- ☐ **Single Life** *Annuitant(s) must not be over age 85 at issue.*
- ☐ **Joint Life** *Both spouses must not be over age 85 at issue. Available only if the Contract Type selected in Section 8 is Non-qualified (not available if the Owner is a trust or other entity), IRA (including custodial-owned IRAs), Roth IRA, SIMPLE IRA, SEP-IRA, or TSA/403(b). Joint Owners must be spouses, if applicable. If the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary. Complete the beneficiary information in Section 7. If this is a custodial-owned IRA, it is the responsibility of the custodian to verify that the beneficiary designation at the custodian is the spouse of the Annuitant.]*

If any rider selected in this section cannot be added to the contract due to age and/or other rider restrictions or state availability, the contract will be issued without that rider.



12. DOLLAR COST AVERAGING *If elected, 100% of your initial investment will be allocated to the DCA Plus term unless you indicate a different percentage below. If you select [Asset Allocation/Balanced portfolios] or Individual Investments and a percentage less than 100% is indicated, the remainder of the purchase payment will be allocated pro rata to the allocations selected. To indicate a source account other than DCA Plus, use Section 14, Special Requests, or the [Transfers and Allocations] form. Additional investments will be allocated to the DCA Plus selection indicated below unless alternate instructions are on file or provided with the investment.*

[DCA Plus Term

Select one:

☐ 6 months ☐ 12 months

_____ % of initial investment. Default will be 100% if not indicated in Section 16.]

13. REBALANCING *Optional*

☐ Quarterly ☐ Semiannually ☐ Annually]

14. SPECIAL REQUESTS *If additional space is needed, attach a letter signed and dated by the Owner(s).*

15. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: WARNING It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

[All Other States: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.]



16. ALLOCATION OPTIONS Use this section to allocate 100% of your investment. Use whole percentages only. Additional investments will be allocated based on the options below and where applicable, if a selection was made in section 12, unless alternate instructions are on file or provided with the investment. **IMPORTANT:** To be eligible for an optional rider in Section 11, you must select **ONE** of the following options:

- I. **Sample Portfolios:** Select one portfolio. 100% of your investment will be allocated to the portfolio selected. Note: The Growth Focus and All Equity Sample Portfolios are not available allocation options for use with Optional Riders in Section 11.
- II. **[Asset Allocation/Balanced portfolios]:** Indicate the percentage of your investment for each [Asset Allocation/Balanced portfolios]. Allocations may be among these strategies and must total 100%.

If you want to select individual investments and are **NOT** choosing an optional rider in Section 11, you may indicate any combination of investments, excluding the Sample Portfolios. Allocations must total 100%.

[U.S. Fixed - Income Portfolios]	Eaton Vance Floating Rate Loan	_____ %	
	Lord Abbett Bond Debenture Portfolio VC	_____ %	
	Lord Abbett Total Return Portfolio VC	_____ %	
	Pacific Asset Management Cash Management	_____ %	
	Pacific Asset Management High Yield Bond	_____ %	
	PIMCO Inflation Managed	_____ %	
	PIMCO Managed Bond	_____ %	
	T. Rowe Price Short Duration Bond	_____ %	
	Western Asset Management Diversified Bond	_____ %	
	Western Asset Management Inflation Protected	_____ %	
			_____ %Total
Non-U.S. Fixed - Income Portfolios	Ashmore Emerging Markets Debt	_____ %	
	Templeton Global Bond Securities Fund	_____ %	
			_____ %Total
U.S. Equity Portfolios	Alger Small-Cap Growth	_____ %	
	American Century VP Mid Cap Value	_____ %	
	BlackRock Capital Appreciation V.I. Fund	_____ %	
	BlackRock Equity Index	_____ %	
	BlackRock Mid-Cap Value	_____ %	
	BlackRock Small-Cap Index	_____ %	
	ClearBridge Large-Cap Value	_____ %	
	Fidelity VIP Contrafund®	_____ %	
	Franklin Rising Dividends Securities Fund	_____ %	
	Franklin/BlackRock Small-Cap Equity	_____ %	
	Invesco Comstock	_____ %	
	Janus Focused 30	_____ %	
	Janus Growth LT	_____ %	
	MFS® Investors Growth Stock Series	_____ %	
	MFS® Value Series	_____ %	
	Morgan Stanley Mid-Cap Growth	_____ %	
	NFJ Small-Cap Value	_____ %	
	Oppenheimer Main Street® Core	_____ %	
	Scout Investments Mid-Cap Equity	_____ %	
	T. Rowe Price Dividend Growth	_____ %	
	UBS Large-Cap Growth	_____ %	
			_____ %Total

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





Non-U.S. Equity Portfolios	Batterymarch International Small-Cap _____%	_____ %Total
	J.P. Morgan International Value _____%	
	Lord Abbett International Core Equity Portfolio VC _____%	
	MFS® International Large-Cap _____%	
	Mutual Global Discovery Securities Fund _____%	
	Oppenheimer Emerging Markets _____%	
Alternative Strategies Portfolios	Van Eck VIP Global Hard Assets Fund _____%	_____ %Total
Sector Portfolios	MFS® Utilities Series _____%	_____ %Total
	Morgan Stanley Real Estate _____%	
Allowable Asset Allocation/Balanced portfolios for use with Optional Riders	BlackRock Global Allocation V.I. Fund _____%	_____ %Total
	Fidelity VIP FundsManager® 60% _____%	
	First Trust/Dow Jones Dividend & Income Allocation Portfolio _____%	
	GE Investments Total Return Fund _____%	
	Janus Aspen Balanced _____%	
	MFS® Total Return Series _____%	
	PIMCO Global Multi-Asset Portfolio _____%	
	PLFA Pacific Dynamix Conservative-Growth _____%	
	PLFA Pacific Dynamix Moderate-Growth _____%	
	PLFA Portfolio Optimization Conservative _____%	
	PLFA Portfolio Optimization Moderate-Conservative _____%	
	PLFA Portfolio Optimization Moderate _____%	
Asset Allocation/Balanced portfolios <u>NOT</u> allowed for use with Optional Riders	AllianceBernstein VPS Balanced Wealth Strategy _____%	_____ %Total
	Franklin Templeton VIP Founding Funds _____%	
	PLFA Pacific Dynamix Growth _____%	
	PLFA Portfolio Optimization Growth _____%	
	PLFA Portfolio Optimization Aggressive-Growth _____%]	
MUST TOTAL 100%		_____ %Total



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17. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a variable annuity contract ("contract") issued by Pacific Life Insurance Company. I received the variable annuity prospectus and applicable fund prospectuses for this variable annuity contract. After reviewing my financial background with my registered representative, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting variable investment options. I understand the terms and conditions related to any optional rider applied for and believe that the rider(s) meet(s) my insurable needs and financial objectives. I have discussed all fees and charges for this contract with my registered representative, including premium based charges and withdrawal charges, if applicable. I understand that if I cancel a contract issued as a result of this application without penalty during the Right to Cancel initial review period, depending upon the state where my contract is issued, it is possible the amount refunded may be less than the initial amount I invested due to the investment experience of my selected investment options. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. I certify that all answers to questions and statements made on this application are to the best of my knowledge and belief. **I UNDERSTAND THAT BENEFITS AND VALUES PROVIDED UNDER THE CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.**

Owner's Signature 	Date (mo/day/yr) 	Signed at: City 	State 
Joint Owner's Signature (if applicable) 	Date (mo/day/yr) 		

18. REGISTERED REPRESENTATIVE'S STATEMENT

18A.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
18B.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued?

If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 10B of this application. I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner(s), as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I certify that I have provided the applicant with all product and applicable fund prospectuses for this variable annuity contract. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed my broker/dealer's suitability guidelines in both the recommendation of this annuity and the choice of investment options, and that this application is subject to review for suitability by my broker/dealer. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. **I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.**

Soliciting Registered Representative's Signature 	Print Registered Representative's Full Name	Option [<input type="checkbox"/> A]
Registered Representative's Telephone Number	Registered Representative's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number (optional)	

